

FREQUENTLY ASKED QUESTIONS: OPIOID USE

If you or someone you care about is struggling with pain or concerned about opioid use, you're not alone. The frequently asked questions below offer guidance, support, and resources to help you take the next step toward relief, recovery, and better health.

WHAT SHOULD I DO IF MY PAIN IS NOT BEING MANAGED WELL?

Talk to your primary care provider or surgery care team about your pain. If needed, they can also refer you to a pain specialist. Pain Specialists are medical doctors trained to diagnose and treat various types of chronic and acute pain using advanced techniques and personalized treatment plans. They work to identify the root cause of your pain and may offer both non-surgical and interventional options to help improve your quality of life.



**LEARN THE FACTS
NALOXONE**

I'M NEEDING MORE OPIOID MEDICATION TO MANAGE MY PAIN, AND I FEEL UNWELL BETWEEN DOSES. WHAT'S HAPPENING?

You may be developing a tolerance or physical dependence on opioids—both are common and expected effects of ongoing opioid use. However, they can increase the risk of unsafe use or overdose. It's important to talk with your provider about what you're experiencing, and options to manage your pain safely. You can also ask about naloxone, a life-saving medication that can reverse opioid overdoses in an emergency.



**NON-MEDICATION PAIN
MANAGEMENT**

HOW CAN I TELL IF MY OPIOID USE HAS BECOME A PROBLEM?

Sometimes it can be hard to recognize when opioid medications are no longer helping the way it should. You might notice that you need more of the medication to get the same relief, or that you're taking it more often than prescribed. Some people find themselves thinking about the medication a lot, feeling anxious if they don't have it, or using it for reasons other than pain—like to feel relaxed or cope with stress. You might also notice that opioids are starting to get in the way of daily life—like missing work, pulling away from family and friends, or skipping activities you used to enjoy. If any of this sounds familiar, it's a good idea to talk with your provider. They can work with you to better understand what's going on and help you find ways to feel more in control of your health and well-being.

HOW CAN I TELL IF I MIGHT HAVE OPIOID USE DISORDER (OUD)?

It's not always easy to tell. Opioid Use Disorder (OUD) is a long-term medical condition—similar to diabetes or high blood pressure—where a person has trouble stopping or controlling their use of opioids, even when the drugs are causing problems in their life. Like other long-term health issues, it can be treated with support, counseling, and medications that help people feel better and stay safe. Your provider can help to assess you for this diagnosis and identify if further support is needed. You can also speak directly with your provider about your concerns—they're there to help, not to judge.

WHAT CAN I DO IF I WANT HELP FOR OPIOID USE DISORDER?

Opioid use disorder is treatable. Medications for Opioid Use Disorder (MOUD)—such as buprenorphine, methadone, or naltrexone—can reduce cravings, prevent withdrawal symptoms, and support long-term recovery.

You can:

- Talk to your primary care provider about treatment options
- Use a [treatment locator tool](#) to find a provider who offers MOUD near you
- Face Addiction Now (FAN): Free peer services either in person or by phone and help connecting to treatment. 833-202-4673 faceaddictionnow.org



**MEDICATIONS FOR OPIOID
USE DISORDER
TREATMENT OPTIONS**

LEARN MORE ABOUT OPIOID USE DISORDER + TREATMENT:



MICHIGAN-OPEN.ORG/
INITIATIVES/SUBSTANCE-
USE-DISORDER/

Substance Use Disorder (SUD) is a complex health issue that impacts millions of lives everyday. To provide comprehensive, patient-centered care, it is imperative that health care systems integrate strategies across all kinds of patient interactions. From primary care visits to acute care episodes like surgery, these are all optimal times to screen universally for substance use and provide resources when risk is identified.